



MICHAEL J. BAKALIS

COMPTROLLER
STATE OF ILLINOIS

August 31, 1977

201 STATE HOUSE
SPRINGFIELD, ILLINOIS 62706
217/782-6000

PAYROLL BULLETIN
(6-77)

TO: All State Agencies, Departments, Boards
Commissions and Universities

SUBJECT: Health Premiums for Dependent Coverage

This payroll bulletin is to serve as a reminder that effective with the payroll period beginning September 1, 1977, the health premiums for dependent coverage will increase. The attached sheet lists the new rates which should be reflected on the payroll voucher. It is a duplication of the one you should have received with the memorandum of May 25, 1977 from the Department of Personnel. If you do not have a copy of this complete memorandum, I would suggest you obtain a copy by calling (217) 782-2548 as there is other information contained in it which will be of importance to you.

If you have any questions concerning this matter, please contact Dan Steven or Cheryl Shride at (217) 782-4758.

Sincerely yours,

A handwritten signature in dark ink that reads "Michael J. Bakalis".

Michael J. Bakalis
Comptroller

attachment

Effective September 1, 1977

MONTHLY HEALTH PREMIUMS FOR DEPENDENT COVERAGE BY PAYROLL DEDUCTION
OR DIRECT PAYMENTS ELIGIBLE FOR STATE SUPPLEMENT

September 1, 1977 -- June 30, 1978

PLANS	State <u>Supplement</u>	<u>Monthly</u>	<u>Semi- Monthly</u>	<u>Bi- Weekly</u>
Dependents Under 65 or Over 65 <u>Ineligible</u> for Medicare:				
One Dependent:				
D-1 High Option	\$7.00	\$41.78	\$20.89	\$19.28
D-2 Low #1 Option	7.00	20.90	10.45	9.65
D-3 Low #2 Option	7.00	14.52	7.26	6.70
Two or More Dependents:				
F-1 High Option	\$7.00	\$78.98	\$39.49	\$36.45
F-2 Low #1 Option	7.00	49.46	24.73	22.83
F-3 Low #2 Option	7.00	35.84	17.92	16.54
Dependents 65 Years or Over <u>Eligible</u> for Medicare:				
One Dependent:				
D-4 High Option	\$5.28	\$10.66	\$ 5.33	\$ 4.92
D-5 Low #1 Option	3.66	4.38	2.19	2.02
D-6 Low #2 Option	3.38	2.90	1.45	1.34
Two or More Dependents (with One or More Dependents 65 or Over <u>Eligible</u> for Medicare):				
F-4 High Option	\$7.00	\$23.42	\$11.71	\$10.81
F-5 Low #1 Option	6.26	9.28	4.64	4.28
F-6 Low #2 Option	3.40	6.22	3.11	2.87
*Sponsored Dependents:				
	--	\$32.64	\$16.32	\$15.07
	\$7.00	25.64	12.82	11.84

*\$32.64 is rate for Sponsored Dependent; amount of supplement, if any, depends upon selection of other dependent plans, i.e. maximum supplement of \$7.00. In any case where Sponsored coverage is elected, the \$7.00 supplement will apply to the Sponsored category, not to any other category selected. Example: An employee has D-4, plus Sponsored, would receive supplement of \$7.00 applied only to the Sponsored.